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Title (type in CAPITAL LETTERS)

PATIENTS UNRESPONSIVE OR EXPERIENCING UNACCEPTABLE SIDE EFFECTS TO TREATMENTS FOR OVERACTIVE BLADDER RESPOND WELL TO TOLTERODINE TREATMENT

Aims of Study: A large number of medications are available for the treatment of overactive bladder. Unfortunately, these medications have been found to be poorly tolerated, have safety concerns, or have questionable efficacy. These limitations have resulted in patients receiving less than acceptable treatment for their condition. Tolterodine, a new antimuscarinic agent developed for the treatment of overactive bladder has been shown to act selectively on the bladder versus the salivary glands. This selectivity offers patients a combination effect previously unavailable, namely, a medication that is both effective and well tolerated.

Patients enrolled in 1 of 4 double-blind studies comparing tolterodine 2 mg BID versus placebo treatment were offered long-term treatment (up to 12 months) with tolterodine 2 mg BID. Efficacy (measured from micturition diaries), safety, and tolerability were evaluated at the end of treatment and during the 12-month treatment period.

<u>Methods</u>: All studies were randomized, double-blind, parallel, placebo-controlled, multicenter in design and were intended to enroll a total of 250 patients. Patients were included irrespective of whether they had previously received treatment for their condition. Patients were seen at randomization and at 0.5, 1, 3, 6, 9, and 12 months after randomization.

Results: A total of 960 patients were enrolled in the studies. 576/960 (60%) enrolled patients had been on previous treatment for overactive bladder. Of these 576 patients, only 191 (33%) reported a good efficacy response on previous treatment. With regard to tolerability, 41% of patients found the previous treatment to be unacceptable. Patients who reported poor tolerability to previous treatment responded well to tolterodine, as shown in the table. A total of 66% of the patients that reported poor efficacy with other medications found tolterodine to be effective in the treatment of overactive bladder.



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Response to Tolterodine in Patients Who Had Tolerability Problems With Other Medications

	Tolterodine	
Previous medication	No tolerability problems (%)	Unacceptable tolerability (%)
Emepronium	94	6
Flavoxate	67	33
Hyoscyamine	100	0
Imipramine	67	33
Oxybutynin	81	19
Propantheline	100	0
Terodiline	83	17
Trospium	100	0
Average	82	18

Conclusions: Tolterodine has previously been shown to be the optimal initial treatment for overactive bladder due to its effectiveness and excellent tolerability. Patients with unacceptable tolerability or poor efficacy with other treatments for overactive bladder have also found tolterodine to be effective and well tolerated during long-term treatment.

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